"Performance and Outcome Measurement in Substance Abuse and Mental Health Programs"

Bill Number:

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Witness:
A. Thomas McLellan, Ph.D
Treatment Research Institute
Director

Testimony

I am Thomas McLellan and I am a researcher in the substance abuse treatment field from the University of Pennsylvania and the Treatment Research Institute.
I am not an advocate and neither I nor my Institute represent any treatment or government organization.
I can offer evidence on the effects of treatments for alcohol, opiate, cocaine and amphetamine addiction based on my own work of over 400 reviewed studies published in scientific journals – and based on several reviews of the scientific literature – also reviewed by organizations such as the IOM.
My testimony contains only five points
1 - Addiction treatment can be evaluated in a scientific manner using exactly the same procedures and standards presently used by the FDA to evaluate new medications and devices.
There are over 700 published studies using these methods to evaluate various types of addiction treatments and the findings show that - when properly applied - addiction treatments CAN be effective. Treatment response rates and relapse rates are quite similar to those seen in other chronic illnesses such as diabetes, hypertension and asthma.

2 – Effectiveness does NOT mean cure –it does mean more than abstinence
There is no reliable cure for alcohol or drug addiction. Many people can become abstinent and resume normal lives but once addicted it is very unlikely that a person can drink or use drugs socially.
From an evaluation perspective “Effectiveness” means three things
Significant reduction in substance use
Improvement in personal health and social function
Reduction in public health and public safety problems

3 – Not all treatments are effective – not all treatment programs are competent.
Treatments that do NOT work include
Detoxifications not followed by continuing care
Acupuncture
Many contemporary treatment components have not been evaluated

Many evidence based treatments are not in practice – financing & training issues
Better treatments have the following characteristics
Longer length and monitoring – in outpatient setting
Tailored social/medical services
Involvement of family

4 - Addiction treatment has changed in concept and delivery over the past 10 years and it has significant implications for treatment evaluation.
Addiction was considered a bad habit and over 60% of treatment was provided in an inpatient setting. Discharged patients were expected to emerge "rehabilitated" and the evidence was sustained abstinence measured 6 - 12 months following treatment discharge.
Now addiction is considered like other chronic illnesses (evidence can be briefly reviewed if necessary) and today over 90% of addiction treatments are provided in outpatient settings for unspecified periods of time.
Consequently, the post-treatment measurement of outcomes in the traditional way is inappropriate, slow and expensive. Traditional post-treatment outcome evaluations cannot provide clinicians with information they need to iteratively improve care - or the policy maker with evidence of accountability about those issues the public is most interested in - crime, employment, ER utilization.
The clinical monitoring approaches used in the treatment of other chronic illnesses are also appropriate in the treatment of addiction. These approaches stress patient responsibility for disease and lifestyle management and the early detection of threats to clinical stability (relapse). These contemporary clinical approaches require modern information management techniques and systems that provide standardized, relevant monitoring information to the clinician and to the payors.

5 - The basic infrastructure of the United States addiction treatment system is in very bad condition.
Program closures or takeovers are over 20% per year. Program directors make less than prison guards and have fewer benefits. The great majority of programs have no full time physician, no psychologist and no social worker. Counselor turnover is comparable to that of the fast food industry. There are no standardized data collection protocols designed for clinical use in monitoring patients.
Although there are now well-tested medications and therapies that could be helpful, the present system cannot adopt most of them.
This system ultimately could meet the accountability demands of the public and could adopt the evidence based treatments developed by NIH - but ONLY if it gets investment to improve information infrastructure, basic management training and to attract professional staff.